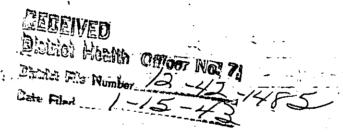
S. No. 2 —11-10-39 5-17-39	DEPARTMENT OF COMMERCE 943 MISSOURI STATE E	BOARD OF HEALTH FICATE OF DEATH State File No.			
I X21492	Registration District No. 360 Primary Registration Dist	trict No. 3076 Registrar's No. 186			
ECORD &	1. PLACE OF DEATH; (a) County (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	2. USUAL RESIDENCE OF DECEASED. (a) State (b) County (c)	108		
رم PERMANENT RECORD	(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)	(c) City or town (If outside city or town limits, write "RURAL") (d) Street No/O + & (If rural, give location) (e) If foreign born, how long in U. S. A.?	reex O years.		
-MAKE A PER	8. (b) If veteran, name war No. No. No.	MEDICAL CERTIFICATION 20. DATE OF DEATH, Month 14 day wear 19 4 hour 4 minute 21: I hereby certify that I attended the deceased from	<u>Д.м.</u>		
INK	5. Color or 6. (a) Single, widowed, married, divorced Married, divorced Married, divorced Married, 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 58 years 7. Birth date of deceased Mark (Month) (Day) (Year)	That I last saw h.e. alive on Dec 13 and that death occurred on the date and hour stated above. Immediate cause of death.	1947 1947 Duration		
UNFADING BLACK	8. AGE: Years Months Days If less than one day 55' 9 9 hr. min. 9. Birthplace Local Story (City, town, or county) (State or foreign country)	Due to			
PLAINLY—USE U	10. Usual occupation with the file 1. Industry or business. 11. Industry or business. 12. Name	Major findingsi Of operations.	Underline the cause to which death thould be		
WRITE PL	14. Maiden name. 15. Birthplace (City, town, or county) 16. (a) Informant (City, town, or county) (b) Address (b) Address (c)	22. If death was due to external causes, fill in the fellowing: (a) Accident, suicide, or homicide (specify). (b) Date of occurrence.	harged sta- istically.		
	(Burial, cremation, or removal) (c) Place: burial or cremation 18. (a) Signature of funeral director (b) Address 19. (a) USC a 14. 1942 (b) Called the breeding of the control of the	(d) Did injury occur in or about home on farm, in industrial place, in pu While at work? (3) (Secify type of place) (e) Means of injury 23. Signature Address Date signed			
i i	(Licensed Embalmer's Sta	stement on Reverse Side)	ı (



STATEMENT BY LICENSED EMBALMER

		•	•	•
I hereby certify that the body whose name is reco	orded on the reverse	side of this certificate	was embalmed by me, or l	bv
,,,,				,
•		Regist	ered Apprentice No	
Miles (A Miles	,		crou rippronoice riorii	
working under my personal supervision.	•		•	

Signed allen Thangs

Licensed Embalmer No. 968

P. O. Address P.

If this body is not embalmed, above space should be left blank.